

Notice of Exempt
Offering of SecuritiesU.S. Securities and Exchange Commission
Washington, DC 20549

OMB APPROVAL

OMB Number: 3235-0076

Expires: June 30, 2009

Estimated average burden
hours per response: 4.00

(See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

| | | | |
|--|--|--|--|
| Name of Issuer UBS Equity Opportunity Fund, L.L.C. | | Previous Name(s) <input type="checkbox"/> None PW Equity Opportunity Fund, L.L.C. | Entity Type (Select one) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Business Trust <input type="checkbox"/> Other (Specify) |
| Jurisdiction of Incorporation/Organization Delaware | | | |
| Year of Incorporation/Organization (Select one) <input checked="" type="checkbox"/> Over Five Years <input type="checkbox"/> Within Last Five Years (specify year) | | <input type="checkbox"/> Yet to Be formed | |

(If more than one issuer is filing this notice, check this ☐ and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

| | | | |
|---|------------------------------------|--------------------------|---------------------------|
| Street Address 1 51 West 52nd Street | | Street Address 2 | |
| City New York | State/Province/Country New York | ZIP/Postal Code 10019 | Phone No. 212-882-5000 |

Item 3. Related Persons

| | | | |
|---|------------------------------------|--------------------------|-------------|
| Last Name UBS Fund Advisor, L.L.C. | | First Name | Middle Name |
| Street Address 1 51 West 52nd Street | | Street Address 2 | |
| City New York | State/Province/Country New York | ZIP/Postal Code 10019 | |

Relationship(s): ☐ Executive Officer ☐ Director ☒ Promoter

Clarification of Response (if Necessary)

(Identify additional related persons by checking this box ☒ and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

| | | |
|--|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Business Services | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Banking and Financial Services | <input type="checkbox"/> Energy | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Commercial Banking | <input type="checkbox"/> Electric Utilities | <input type="checkbox"/> REITS & Finance |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Energy Conservation | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Investing | <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Other Real Estate |
| <input type="checkbox"/> Investment Banking | <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Retailing Restaurants |
| <input checked="" type="checkbox"/> Pooled Investment Fund | <input type="checkbox"/> Oil & Gas | <input type="checkbox"/> Technology |
| | <input type="checkbox"/> Other Energy | <input type="checkbox"/> Computers |
| | | <input type="checkbox"/> telecommunications |
| | | <input type="checkbox"/> Other Technology |
| | | <input type="checkbox"/> Travel |
| | | <input type="checkbox"/> Airlines & Airports |
| | | <input type="checkbox"/> Lodging & Conventions |
| | | <input type="checkbox"/> Tourism & Travel Services |
| | | <input type="checkbox"/> Other Travel |
| | | <input type="checkbox"/> Other |

If selecting this industry group, also select one fund type below and answer the question below.

| | |
|--|---|
| <input type="checkbox"/> Hedge Fund | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Private Equity Fund | <input type="checkbox"/> Biotechnology |
| <input type="checkbox"/> Venture Capital Fund | <input type="checkbox"/> Health Insurance |
| <input checked="" type="checkbox"/> Other Investment Fund | <input type="checkbox"/> Hospitals & Physicians |
| | <input type="checkbox"/> Other Health Care |
| Is the issuer registered as an investment company under the Investment Company Act of 1940 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Other Banking & Financial Services | <input type="checkbox"/> Commercial |

Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- ☐ No Revenues
- ☐ \$1 - \$1,000,000
- ☐ \$1,000,001 - \$5,000,000
- ☐ \$5,000,001 - \$25,000,000
- ☐ \$25,000,001 - \$100,000,000
- ☐ Over \$100,000,000
- ☐ Decline to Disclose
- ☐ Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- ☐ No Aggregate Net Asset Value
- ☐ \$1 - \$5,000,000
- ☐ \$5,000,001 - \$25,000,000
- ☐ \$25,000,001 - \$50,000,000
- ☐ \$50,000,001 - \$100,000,000
- ☐ Over \$100,000,000
- ☒ Decline to Disclose
- ☐ Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- ☐ Rule 504(b)(1) (not (i), (ii) or (iii))
- ☐ Rule 504(b)(1)(i)
- ☐ Rule 504(b)(1)(ii)
- ☐ Rule 504(b)(1)(iii)
- ☐ Rule 505
- ☒ Rule 506
- ☐ Securities Act Section 4(6)

Investment Company Act Section 3(c)

- ☐ Section 3(c)(1)
- ☐ Section 3(c)(2)
- ☐ Section 3(c)(3)
- ☐ Section 3(c)(4)
- ☐ Section 3(c)(5)
- ☐ Section 3(c)(6)
- ☐ Section 3(c)(7)

- ☐ Section 3(c)(9)
- ☐ Section 3(c)(10)
- ☐ Section 3(c)(11)
- ☐ Section 3(c)(12)
- ☐ Section 3(c)(13)
- ☐ Section 3(c)(14)

Item 7. Type of Filing

- ☐ New Notice
- OR
- ☒ Amendment

Date of First Sale in this Offering: OR ☐ First Sale Yet to Occur**Item 8. Duration of Offering**Does this issuer intend this offering to last more than one year? ☒ Yes ☐ No**Item 9. Type(s) of Securities Offered (Select all that apply)**

- ☒ Equity
- ☒ Pooled Investment Fund Interests
- ☐ Debt
- ☐ Tenant-in Common Securities
- ☐ Option, Warrant or Other Right to Acquire Another Security
- ☐ Mineral Property Securities
- ☐ Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
- ☐ Other (Describe)

Item 10. Business Combination TransactionIs this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? ☐ Yes ☒ No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor

\$ 250,000

Item 12. Sales Compensation

Recipient

UBS Financial Services Inc.

(Associated) Broker or Dealer

☐ None

Recipient CRD Number

8174

(Associated) Broker or Dealer CRD Number

☐ No CRD Number☐ No CRD Number

Street Address 1

1200 Harbor Boulevard

Street Address 2

City

Weehawken

State/Province/Country

New Jersey

ZIP/ Postal Code

07086

States of Solicitation

☒ All States

| | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

(Identify additional person(s) being paid compensation by checking this box ☐ and attaching Item 12 Continuation Page(s).)**Item 13. Offering and Sales Amounts**

| | | | | |
|---|----|------------|----|--|
| (a) Total Offering Amount | \$ | | OR | <input checked="" type="checkbox"/> Indefinite |
| (b) Total Amount Sold | \$ | 77,485,354 | | |
| (c) Total Remaining to be Sold (Subtract (a) from (b)) | \$ | | OR | <input checked="" type="checkbox"/> Indefinite |

Clarification of Response (if Necessary)

Item 14. InvestorsCheck this box ☐ if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Enter the total number of investors who already have invested in the offering:

426

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commission \$ 0

☐ Estimate

Finders' Fees \$ 0

☐ Estimate

Clarification of Response (if Necessary)

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0

☐ Estimate

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box D and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

UBS Equity Opportunity Fund, L.L.C.

Name of Signer

Robert F. Aufenanger

Signature

Title

Principal Accounting Officer

Number of continuation pages attached:

1

Date

March /0, 2009

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Item 3 Continuation Page

Item 3 Related Persons (Continued)

| | | |
|---|------------------------|-----------------|
| Last Name | First Name | Middle Name |
| Aufenanger | Robert | Francis |
| Street Address 1 | Street Address 2 | |
| 51 West 52nd Street | | |
| City | State/Province/Country | ZIP/Postal Code |
| New York | New York | 10019 |
| Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter | | |
| Clarification of Response (if Necessary) | | |

| | | |
|---|------------------------|-----------------|
| Last Name | First Name | Middle Name |
| Brotman | Eric | |
| Street Address 1 | Street Address 2 | |
| 51 West 52nd Street | | |
| City | State/Province/Country | ZIP/Postal Code |
| New York | New York | 10019 |
| Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter | | |
| Clarification of Response (if Necessary) | | |

| | | |
|--|------------------------|-----------------|
| Last Name | First Name | Middle Name |
| Roussin | Stephen | |
| Street Address 1 | Street Address 2 | |
| 51 West 52nd Street | | |
| City | State/Province/Country | ZIP/Postal Code |
| New York | New York | 10019 |
| Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter | | |
| Clarification of Response (if Necessary) | | |

| | | |
|--|------------------------|-----------------|
| Last Name | First Name | Middle Name |
| Goos | Craig | K. |
| Street Address 1 | Street Address 2 | |
| 51 West 52nd Street | | |
| City | State/Province/Country | ZIP/Postal Code |
| New York | New York | 10019 |
| Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter | | |
| Clarification of Response (if Necessary) | | |